

- I. Authority: Health and Safety Code, Division 2, Sections 1798.161 and 1798.163 and California Evidence code 1157.7
- II. Purpose: to establish a mechanism by which trauma registry information is obtained, stored, and utilized as part of the system assessment and quality assurance process.
- III. Policy: Each designated trauma center shall submit a trauma registry record for each patient who meets the definition of the Critical Trauma Patient as described in the trauma triage criteria which considers physiologic and anatomical findings. Patients who are triaged as Non-Critical Trauma Patients but are admitted or transferred to a higher-level trauma center shall be entered into the trauma registry. All trauma deaths that occur at the trauma center must be included in the trauma registry.
 - A. Submission:
 1. All trauma centers will submit their data electronically or by disc on a quarterly basis to the EMS Agency, on a schedule established by the TAC Committee.
 2. If a trauma registry record is updated at the trauma center, the revised record will be submitted to the EMS Agency.
 - B. Storage/Access:
 1. The Imperial County Trauma Registry will be stored in a secure manner with access restricted to personnel operating within the trauma quality assurance program.
 2. The Imperial County Trauma Registry will be utilized for quality assurance purposes and therefore will be protected from disclosure per the California Evidence code, Section 1157.7.
 3. The Imperial County Trauma Registry used strictly as a trauma database for the purpose of quality assurance is not subject to the mandated patient authorization procedures of HIPPA.
 4. Each Employee with access to the Imperial County Trauma Registry will sign an Imperial County Oath of Confidentiality and Trauma Audit Committee Confidentiality Agreement.
 - C. Utilization:
 1. The information within the trauma registry will be utilized primarily for quality assurance purposes related to the trauma system to monitor, evaluate and report on the necessity, quality and level of care provided by each hospital.

2. Aggregate data (does not include any patient or facility identifiers), may be utilized for reports, public health surveillance and injury prevention efforts in accordance with the TAC Committee expectations.
3. Specific information (without patient and facility identifiers) shall be integrated into the State EMS Authority data management system as required.

APPROVAL



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